

SERIAL NUMBER 09/121,596	FILING DATE 07/24/98	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 48850-Q18
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APPLICANT

CHRISTIAN MAYAUD, NEW CANAAN, CT.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/942,372 10/02/97
WHICH IS A CON OF 08/330,745 10/28/94 ABN

yes *MLC*

****371 (NAT'L STAGE) DATA*******

VERIFIED

none *MLC*

****FOREIGN APPLICATIONS*******

VERIFIED

none *MLC*

FOREIGN FILING LICENSE GRANTED 08/18/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 24	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 8
Verified and Acknowledged <i>MLC</i>	Examiner's Initials _____	Initials _____			

ADDRESS
MCDERMOTT WILL & EMERY
99 CANAL CENTER PLAZA
SUITE 300
ALEXANDRIA VA 22314

TITLE
~~PREScription MANAGEMENT SYSTEM~~ A Computerized Prescription System
For Gathering And Presenting Information Relating To
Pharmaceuticals

FILING FEE RECEIVED \$1,486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3494

SERIAL NUMBER 09/121,596	FILING DATE 07/24/1998 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. 48850-018
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APPLICANTS

CHRISTIAN MAYAUD, NEW CANAAN, CT;

**** CONTINUING DATA *******

This application is a CON of 08/942,372 10/02/1997 PAT 5,845,255
which is a CON of 08/330,745 10/28/1994 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 08/18/1998**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 24	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS
20277
MCDERMOTT WILL & EMERY
600 13TH STREET, N.W.
WASHINGTON, DC
20005-3096

TITLE
A COMPUTERIZED PRESCRIPTION SYSTEM FOR GATHERING AND PRESENTING INFORMATION
RELATING TO PHARMACEUTICALS

FILING FEE RECEIVED 2074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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